		ed For RURLIC VO SERVICE	SEBLE				PAIC	DV1	<del>.</del> 1			
	(Department, bureau, or establishment)					SAPC 9616						
oucher prep	ared at		(Give place and date)			COPY	/ OF 7					
HE UNITED S			Account No		Į.		And the second					
o		(Paye	θ)									
		dress)	(City)	(State)		_						
No, and Date of	Date of Delivery	(Enter description, item	CLES OR SERVICES	deral supply	QUANTITY	UNIT	PRICE	AMOUNT				
Order	or Service	Discount Terms	r information deemed nee		_	Cost	Per	Dollars	Cts.			
		Costs						185	.67			
AYMENT:												
Complete 🔲 Partial 🔲												
Final		Use contin	uation sheet(s) if necessary						_			
nipped from		to Wei		nment B/L No.	yee must NO	T shie	Total	18	67			
certify that the	above bill is correc	ct and just and that payment	has not been received.	· ·	nces							
		l only)					1					
		STA	ATINTL				,					
Date2_		ed when a		bilta) Ame	ount verified;	correct for		185	67			
Per		Title		(Sig	nature or init	ials) 🔀	14					
Contract No. A.L	OT	Date	Reg. No.		Date	I	nvoice Rec'd	<b>.</b>				
ursuant to autho	ority vested in me,	I certify that this account is	correct and proper for pay	ment.		10	1/10/-					
Approved for \$			†				10/56	<u>?</u>				
			SIGN ORIGINAL T	itle _				19/11/	12			
Зу		,	ONLY	-					•			
itle			_	)ate								
	THE REVERSE OF T		N PURCHASES ARE MADE OR SER									
	ACCOL	INTING CLASSIFICATION	Appropriation Symbol m	ist be shown; ot	her classifica	tion option	nal)					
						ST.	ATINTL					
	STATIN	NTL STATINTL		STA	ΓINTL	017	VIIIVIL	_				
	2	<del>-</del>										
			,									
							-in-court in the		÷===			
Check	No	dated	, 19, for \$.			on T	reasurer of t	he United St	tates ir			
Paid by {		, on		Payee		(10140)	. or hance us	THE G SHOVE.				

"John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

†If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_\_", and over his official title.

## Standard Form No. 1035a—Revised Form presaproble oved For Rebese 2006/05/05 CA-RD-64-00360R000400120056ANDUM September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

		(Department, bureau, or establishment)		UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		Cost	Per	Dollars	Cts
		Contract AlOl - System IV					
		Direct Costs Properly Chargeable to Contract AlOl for the period 8/27/56 thru 9/2/56				STAT	TINIT
		Labor Week Ending September 2, 1956					
TATINTL		Overhead computed for the Electronic Instrumentation Division at interim rate of					
		Total Labor and Overhead					
ATINTL		G and A expense computed at interim rate of					
		Total Costs				1 =	85.0
		-					